

CITY OF ST PAUL

Department of Safety and Inspections

GENERAL BUILDING PERMIT APPLICATION

375 Jackson Street, Suite 220 St Paul, Minnesota 55101-1806					Visit our Web Site at www.stpaul.gov/dsi									
Number Street Name PROJECT				St. Ave. Blvd. Etc.			N S	NSEW		Suite/Apt Build			Da	te
ADDRESS						(Parmit will be	a mailed	to the Contracto	or's Address)		Phone			
Contractor (Include Contact Person) (Permit will be ma Address							e maneu	to the Contracto	or s Address)		Phone			
State Building Contr. Lic. # City State, Zip + 4														
Property Owner (Include Contact Person) Address City											Phone			
State, Zip + 4												Di		
Architect Address City,											Phone			
				State, Zip				emodel/Al	lter					
Select Applicable Installation Below. Select Type of Use					pe of Use	•			# of Existin	ng Dwelling	Units	>		
Miyod (Commercial/ Residenti			ntial:						
				Residential buildings enter information for both the Residential and Commercial Use.			# of Dwelling Units Worked On ▶							
☐ Siding: # of squares ►							Commercial: Value of Coml. Work ▶ \$							
► Note: 1 Square = 100 Square Feet				Est. Start Date ▶			Est. Finish	l	Tot	Total Value ► \$				
Description	of Project:						Applicant certifies that all information is correct and that all pertinent state regulations and							
city ordinances will be complied with in performing the work for which this permit is issued.														
						211.01				pplicant's Sign	nature			
							NLY FOR NE	W STRU	CTURE OR AL	_	Suppress	ion Syste	m Avails	hle?
		Stru		Dimension		et)					orinklers)	ion bysic	m rivani	ioic.
Width Length Height Total Square (include basen						#	# of Stories			Yes □ No □				
			,		,	Yes	No				105 _		_	
Lot Dimension	ons (In Feet)				Se	et Bac	cks from Pro	perty I	Lines					
Lot Width Lot Depth Front				Bac			ick	Side 1		e 1	Side 2			
					For	Offic	ce Use Only	y						
Change/Expansion of Use? Yes / No SUMMARY OF FEES														
Existing Primar	y Use		Occupar	ncy Group					Building Pe	\$	\$			
Proposed Primary Use Constru				uction Type					Plan Check Fee \$					
Zoning District Plan Number								State Surcharge		\$				
PLAN REVIEW REMARKS								SAC		\$				
								SAC Proces	\$	\$				
								Design Review Fee \$						
							Park Dedication Fee \$							
S.A.C. #: Reviewed By:				Date: Warning			ning Folder #		Total Permit Fee \$					
Charge Credit Vacant Bldg. Folder # (For Office Use Only)														
State Valuation: \$					Dag. I olu	"	PERMIT # >							
☐ American Express ☐ Discover ☐ MasterCard					□ Vis	sa	Expira Month/Y							
Enter Accoun	_					<u> </u>		Ī	Month	cai F				

GENERAL BUILDING PERMIT APPROVALS & REQUIREMENTS

If you are paying for your permit by American Express, Discover, MasterCard or Visa, you may fax your application.

The credit card information section must be filled in.

Our FAX number is 651-266-9124.

If paying by check, please mail the application and check to us. Make checks payable to: City of St. Paul

FOR NEW CONSTRUCTION AND MULTI-FAMILY RESIDENTIAL OR COMMERCIAL ADDITIONS

Building Permit Application and two (2) complete sets of plans must have stamped approval by the following Offices prior to submittal to the plan examination section in DSI at 375 Jackson Street, Suite 220.

REQUIRED 1) Public Works – 10 th Floor City Hall Annex 25 W. 4 th Street	REQUIRED 2) Public Works – Sewer 7 th Floor City Hall Annex 25 W. 4 th Street
(Bring Lot Survey with Legal Description)	(Sewer Size and Location)
Assigned Address:	
Pin # :	
Legal Description:	

FOR OFFICE USE ONLY

Review	Required	Initials/OK	Date	
НРС				Site Plan Review is required for new construction
SITE PLAN REVIEW*				and additions to commercial buildings or residential buildings with 3 or more units.
SPECIAL USE PERMIT				(651-266-9086)
ENVIRONMENTAL / FOOD				

Building Field Inspectors are in the office for inspection requests between 7:30 – 9:00 AM, Monday – Friday. Phone number is 651-266-9002. Permit Fee Information can be obtained by calling 651-266-8989, Monday – Friday, 7:30 – 4:30.